

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-576 674		FILING DATE
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	5					
7						
8	5					
9	5					
10	5					
11	5					
12	5					
13	①					
14	①					
15	①					
16	①					
17	①					
18	5					
19	①					
20	①					
21	①					
22	5					
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50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	68	←		←		←
TOTAL CLAIMS	73					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						